THE

MEDICAL AND SURGICAL REPORTER.

No. 792.] PHILADELPHIA, MAY 4, 1872. [Vol. XXVI.—No. 18.

Original Department.

Communications.

A THEORY OF LIFE.

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Of Middleport, O.

What is life? "Aye, there's the rub." By nearly all the students of anatomy, phsiology, pathology and psychology, it has throughout all ages been considered to be a peculiar, intangible, mysterious something, an incomprehensible principle, inexplicably connected, in a way too obscure for the human intellect to understand, with animal organization, but still to a certain extent independent of its organic structure. Is this theory, which has by the vast majority of intelligent professional men been almost indisputably accepted, really true? Is life, the vital principle of all the animal kingdom, which has been variously denominated *soul, the thought, the vital force*, etc., beyond the comprehensive grasp of the human intellect? Or is it not a principle that results from organization, force and motion, and explicable in the same sense or manner and to the same extent that chemical actions, mechanics, heat and electricity? Can life attain without the most or all of these agencies being present with and forming any part of the animal organization? If so, and it cannot be proven to coexist with any other tangible or comprehensible agents or agencies of which we can conceive or understand, then it must, to us, at least, remain beyond our ken or even conjecture.

But if we can demonstrate that life depends for its existence on materials and agencies under certain conditions, that are comprehensible, and whose modes of action can be understood by us, then it must be granted that the vital principle is not that mysterious, obscure, intangible something that has a material or gaseous existence, independent in any degree of these material agencies and their perceptible influences. If we but observe what occurs in our own physical structures daily, or of those under our own observation, we shall quite unavoidably perceive that life depends on certain materials and agencies within our grasp, and intended, through the all-wise providence of nature, for our use, any one of which, if we refuse to appropriate, in accordance with the demands of the physical economy, life, in a greater or less period, becomes extinct. Should we persistently refuse food, life would terminate in from a fortnight to eighteen days; if drink, it would cease in half that period of time.

Now if life is an independent principle, and exists, or can exist without these perceptible material aids (many more of which could be mentioned), even in any condition, why does it terminate when these supplies, for any reason, accidental or pathological, can no longer be furnished to or appropriated by the animal organism?

But you may say the vital principle is only resident in the organism while certain conditions maintain; and its subsidence, when these conditions fail, does not prove that it depends entirely on them for its existence. Strange too! for if you will apply the same manner of reasoning to other matters of daily observation, you may find it quite difficult to sustain the argument. For instance, you may as well argue that there is a vital principle in the wheel that revolves in consequence of force applied to it. Its revolution evidently depends on the force applied, but because the

force is not applied is no reason why the wheel should not revolve! Then why does its motion cease when the application of force ceases? Why does not any mechanical instrument continue to move and exerts its power on the same ground, without force applied? Such phenomena would be considered miraculous! Yet, forsooth, life is explained upon the usually accepted theory, that would have the wheel revolve without the force being applied. The whole animal organism is but a machine. Look where you will, and mechanical contrivances are observed to accomplish all muscular actions, respiration, circulation, secretion and excretion; and in order to accomplish this, force is needed *continually*, and when the force ceases to be liberated and applied, the vital principal no longer exists.

It may be stated in general that no material exists that is not combined with force, or that force and matter are inseparable—that force liberated causes motion—that motion is never had without the continuous or impulsive liberation of force.

Now, inasmuch as there is always motion in the animal organism (which is about the same or nearly a certain rate during life, being slower after death), force is constantly being liberated to cause this motion. Life cannot exist without continual molecular motion, to maintain which, the constant liberation of force is required. It is equally true that the force which is constantly liberated in the animal organism must be derived from a change of matter, for it is only by a change of matter that force becomes manifested by causing motion; and if derived from matter, then material must be constantly and regularly supplied, in order to render steady motion by the steady liberation of force. As all material is connected with force, which may be liberated on certain conditions, it follows in this instance that material is supplied, as food, water, etc. Food is taken at stated intervals, but the processes of digestion and assimilation are so systematically arranged that the organism is steadily supplied in accordance with demands made. The animal organism appropriates this material, which by chemical change and rapid decomposition or oxidation, constantly liberates force. This force is manifested by the rapid processes of destructive and constructive metamorphosis; by building up tissue and the products of tissue decay as manifested by excretion, muscular strength, sight, hearing, thought, etc., etc.

By these organic changes of material force is constantly liberated; hence molecular motion is constant. If from any cause, mechanical, pathological, accidental or otherwise, the liberation of force ceases, or is greatly diminished in amount, and consequent motion ceases, or is greatly retarded, life ceases as a consequence of this diminished liberation of force and retarded motion.

From the foregoing it may be inferred that life is sustained only by *organized combinations of matter, force and motion.*

Matter and force are indestructible. The form of matter is often changed but is not destroyed. There is no more nor less matter now than there was thousands of years ago. The same is true of force, it can never be destroyed nor created. The various forms of force can be converted into each other, thus showing the unity of all force. When by a change of form of matter force is liberated from that particular combination, it is not destroyed, but simply changed in place or form. In the combustion of carbonaceous matter, as coal, wood, etc.; "force* is manifested in the form of heat, light, etc."

Now as we cannot conceive of a new force, generated or created by this chemical change of combustion, the forces manifested must be derived from the organic matter undergoing the change in question; and until the proper conditions attained, the force thus stored up in the combustible material was latent or not observable. If the wood be allowed to undergo slow decomposition—to rot—the force and matter return again to the earth, from whence they originally came. Thus a change of matter and force is continually occurring without any addition or substraction in amount.

Force is that principle which, when liberated, causes motion, or any change in the form, condition or relative position of matter. "All the phenomena manifested in the visible universe are caused by the action of force upon matter."†

Force is necessary to maintain the particles in their proper places and to give them proper form in all bodies, whether organic or inorganic. The force necessary to retain so firmly the molecules of combustible

*Baker, Mich. State Soc. Reports, 1870, p. 114.

†Norton's Natural Philosophy, p. 1.

material in their proper place and form is liberated when combustion occurs. The force necessary to maintain the molecules of the animal organism in their proper places and to give them proper form and motion, is liberated when the oxidation or other chemical change occurs, and being no longer needed for that purpose, may be used in building up other molecules to a higher grade of organization or in the formation of lower and less stable compounds.* If used in the formation of an inorganic compound it is usually excreted and returned to the earth and may be again appropriated, but by lower or vegetable organisms when the proper conditions attain, as the presence of germinal seeds, heat and moisture.

"An organism is a combination of matter and force."† A living animal organism is a combination of matter, force and motion, the latter being essential to life, and caused by those changes of matter that liberate force. "The character of an organism depends very much upon the facility with which it undergoes change waste and repair, and this depends upon the nature and amount, as well as the arrangement, of matter and force entering into its composition," and, we may well add, the rate of motion.

Not less does the character of an organism depend on the force given it by the parent seed. Every organism has a peculiar form and rate of motion of its own, which is derived from some source; otherwise, the forms of vegetable and animal organisms would be governed by mere chance, as they seemed to be in Hafed's dream. But as the laws governing organization are as unchangeable as the laws of chemistry, that govern the forms of crystalization, so the types and forms are always the same. The seed of a vegetable always produces a plant of the same type and form as the one that produced *it;* and this is not less true in the animal kingdom—like begets like—because a force peculiar to each organic form transmits the same force and form (in kind) to its progeny. This may very properly be called the "form-force," because it gives cast to or moulds the forms of all organisms in accordance with the law that gave cast and form to all predecessors of the same kind.

This peculiar "form-force" appears to remain latent, or "stored up," in the parent seed, and is developed and transmitted to the plant at the time of its germination, which occurs under proper conditions. In the animal organization this form—force is in the semen of the male and ovum of the female, the resulting offspring being formed to resemble the parents—often resembling both in some particulars. Hybridism forms no exception to the rule, for the resulting mongrel animal or plant resembles in some points both parents, the form being modified by the form-force peculiar to each, acting upon the evolutions of matter during the growth and formation of the animal or plant.

The higher animal organisms are sustained only by subsisting on organisms of a lower character, which have themselves been built up and organized from inorganic elements. Thus man is sustained by using as food vegetable, and still more *highly* organized animal food. The inorganic elements of the earth will not sustain his organism.

Now, force is contained or stored up in the organic material appropriated as food, and the breaking down, decomposition, and chemical changes which this material undergoes during the process of digestion and assimilation, liberates force, which in part is spent in building up organized tissue, changing it from lower and less stable to higher and more stable compounds; and much of it is spent in reduction from a higher to a lower grade of compounds, through which his physical forces are caused to be manifested, for the phenomena of life are chiefly exhibited by means of force liberated while matter is changing from a higher to a lower grade in the scale of organization. "We thus* see that, while the process of building up matter and force is essentially organization, the process of breaking down is an essential to the manifestation of those forces which living organizations exhibit. The healthy and proper performances of all the functions of the body depend upon both of these processes. If the changes which constitute digestion and assimilation cease, life soon ceases also; if the changes which should occur in the lungs, or in any im-

*These changes from a lower to a higher, and *vice versa* have been well represented by one of your able members, Dr. Z. C. McELROY, *vide* his paper on the Bromides; also on Dynamics.

† H. B. Baker, Mich. State Society. Trans. for 1870, p. 114.

‡ Ibid.

*H. S. Baker, Mich. State Soc. Trans. for 1870, p. 115.

portant tissue, are arrested, life is also ended."

This able statement, made by Dr. BAKER, leads us again to see how much life depends on the regular, continuous and equal liberation of force, in order to maintain the equal motions of the blood-current in the respective channels through the various organs and tissues and the regular movement of all the molecules of the body, in whatever tissue situated, the rapidity of course being widely different in different tissues, being slow in osseous, very rapid in vascular, and moderately rapid in soft tissues. A very slight variation from the normal rate of motion, from whatever cause, indicates a difference in the amount of force liberated, which may be abnormally too small or too great, either extreme (unless temporary and caused by physical or mental exertion or similar causes) constituting disease, thus doing away with the so-called entity of pathological conditions, called disease. If motion is too greatly increased from liberation of too much force, the organization is likely to be destroyed. On the other hand, if greatly diminished, life is endangered; either of these conditions may be brought about by therapeutic agents. Strychnia may so rapidly increase molecular motion as to cause almost instant death. On the other hand, hydrocyanic acid will so quickly check molecular motion as to cause death, at least as rapidly as the former-named agent.

The interference of the rate of motion by liberating too much or too little force, interferes with the physiological rate of motion concerned in constructive and destructive metamorphosis, and unless the normal rate can be again established, either by the balancing power inherent in all animal organisms, or by therapeutic agents, so-called disease being already established,—*i. e.*, too great or too little motion—may and will result in death.

From what has been stated in the foregoing pages it may readily be inferred (according to our view), that life exists only by virtue of the organization of matter and force, which are inseparably connected, and that motion results from a liberation of force, consequent upon changes of matter chiefly from a higher to a lower organic form, or from an organic to an inorganic form, by which all the vital force—life— is yielded, which gives the vivifying principle to otherwise lifeless matter; that whenever these conditions are very seriously interrupted or too abruptly so, death occurs by reason of too great or too little motion, from too great or too little liberation of force; that the only difference between life and death is a difference in the amount of force liberated and the consequent difference in the rate of motion of the molecules of the animal organism.

MECHANICAL RELIEF FOR PROTRUDING HEMORRHOIDS.

By CHARLES BASKERVILLE, M. D.,

Of Horn Lake, Miss.

Some months ago I was looking over an old number of the *American Journal of Medical Sciences*, January, 1868, and in reading a review on "Mechanical Therapeutics," by Dr. Wales, of the United States navy, I was struck with the ingenuity of the author in some of his own inventions.

Being a country practitioner, and, to some extent, dependent upon my own mechanical ability for the relief of those who "come to be healed," I especially noticed his contrivance for the support of a prolapsed rectum. This led me to study up some means for the relief of protruding hemorrhoids. With the assistance of a friend, I devised a little instrument which has since, and by experience, proven to be worth more than I anticipated.

Out of a light, but hard, piece of wood was cut a model somewhat resembling an hour-glass; only, instead of two bulbs, the model consisted of one bulb, and a pedicle, or neck, terminating in a button-shaped end. Accompanying this I give a diagram which will assist in explaining it.

In its long axes the instrument should measure about one and one-half inches—three-eighths of this being allotted to the pedicle or neck, two-eighths to the thickness of the button, and the balance of seven-eighths to the length of the bulb—the diameter of the bulb and button being about seven-eighths of an inch each, or larger, according to the size of the parts.

The instrument is to be oiled and the bulb inserted into the anus. As it enters it will restore the calibre of the rectum, and prevent folding in of the mucous membrane. The sphincter ani muscles grasp the pedicle, so as to keep the instrument from coming out, and the button being external, prevents the instrument from bodily entering the rectum. A gentleman patient of mine has been wearing one for months, with great relief, whereas before he was much troubled to keep the protruding parts in place. He removes it with ease when at stool, and immediately reinserts it—the protruding "pile" passing up in front of the instrument.

And notwithstanding the assertion of Professor GROSS, in his excellent treatise on Surgery, to the effect that little can be expected from retentive apparatus in prolapse of the rectum, I know of two cases which have been materially benefited by the use of this little means. It is true that these cases were more dependent upon a relaxed condition of the walls of the rectum than upon a loss of tone or function in the sphincter muscles of the anus.

It has occurred to me that the instrument could be made of vulcanized rubber, with the bulb hollow, and separated into hemispheres, and to be united by means of threads, as in a screw. Here and there could be made small eyelets, and the cavity of the bulb filled with some medicated ointment, which the heat of the rectum would sufficiently melt so as to allow it to pass through and reach the affected parts, and these serve to assist in bringing relief, if not cure. The instrument can be made of different sizes to suit different bodies.

I have so often seen, in the valuable journal which you so ably conduct, special invitations to country practitioners to send in notes of their practical experience, that I feel that I will be pardoned for thus imposing on you, should you deem this paper worthy of publication. But if you see any merit in my suggestions, or think they can be at all beneficial to professional brothers, I will be fully paid by their insertion in the MEDICAL AND SURGICAL REPORTER.

Mr. Isaac Baker Brown.

We regret to learn that this distinguished gynæcologist is suffering from a severe and probably hopeless attack of paralysis and also great pecuniary distress. The medical men of London are contributing to a fund in his behalf.

FOREIGN BODY IN THE AIR PASSAGES.

By W. J. H. BELLAMY, M. D.,
Of Wilmington, North Carolina.

The following case of foreign body in the air passages is communicated because of its rare occurrence, and the unusually long time it remained before it was expelled, as also the concomitant symptoms and great disturbance of the general system.

About the 20th of December, 1871, Katy L., æt. one year and six months, healthy and well developed for her age, while playing upon the floor picked up an ordinary two-cent piece, and, it was thought, swallowed it. The mother, who was present, noticed something peculiar in the child's countenance, with an apparent choking and difficulty of breathing, and summoned a physician near by, who prescribed, and soon left the patient apparently better. Day after day the little patient seemed to be troubled more and more with a harrassing cough and fever, but not until about the 12th of March, nearly three months afterward, was medical assistance sought, the other hoping the child would improve, and no for a moment suspecting the presence of a foreign body in the windpipe, indeed, was influenced by friends to believe that the cent had long ago passed the bowels. On the afternoon of the 12th inst., having been called to see a lady, at the boarding house of Mrs. Morrison, in this city, I was requested by the landlady to examine and prescribe for the child. I was told that the little patient had a very distressing cough, and high fever of several weeks' standing, the cough and fever increasing *pari passu* in severity. Upon examination I found the child very much emaciated, presenting a tired, anxious expression of countenance, and breathing with difficulty. Pulse 120, irregular and quick, occasionally intermitting; bowels loose, evacuations frequent and offensive; tongue coated, and breath offensive.

The mother stated that the child swallowed very well, and would eat almost anything she gave it; but seemed to be very weak; that she had to hold her most of the time in her lap. The child was now taken with a violent paroxysm of coughing, which lasted some time, and was so very peculiar, and so indicative of a foreign body in the windpipe, that I expressed an opinion that such was the case. I then resorted to auscultation, which verified

my assertion, and made my prognosis unfavorable. Before mentioning the operation of paracentesis, I prescribed a variety of emetics and errhines; I instructed the mother how to give them, and in the event they failed to dislodge and expel the body, I would consult with a medical friend upon the propriety of an operation.

On the morning of March 13th I was accosted by the father of the child, whose countenance was bright and radiant with joy and hope, who stated that the child had coughed up the cent, and was now sleeping sweetly. I went to the bed-side of the little patient, where I found the mother, who, in a manner indescribable, thanked me for my kindness, and handed me the two-cent piece that had been expelled. The mother informed me that during an almost simultaneous effort to cough and sneeze, the cent was seen to drop from the child's mouth. I found the patient very feeble indeed, and ordered milk and whisky to be given every two hours; this was discontinued the next day, and iron and quinine ordered, with good nourishment and out-door exercise. The child has been rapidly improving ever since.

Upon examination of the coin, I find it to be covered over nearly the whole of both surfaces with a black thin incrustation. It seems to be almost incredible, that a two-cent piece could get in the windpipe of so young a child, and furthermore, remain there for so long a time without producing death by asphyxia, but the facts of the case are nevertheless, as related in substance above, sufficiently well substantiated to justify me in my belief of their correctness.

Editorial Department.

Periscope.

The Taxis in Hernia.

The *position* of the patient is worthy of consideration in all cases where the taxis is employed. In this regard, authors who have heretofore taught that the supine posture, either upon a hard mattress or the floor with the hips elevated, or that the patient should at times be turned topsy-turvy, these being positions prerequisite to success, have failed, I think, to teach the whole truth, as experience and observation demonstrates. There are other positions of the body equally essential to success as those above enumerated. The upright position is one of them, and the semi prone position is another. I have succeeded in reducing hernia after I had failed with the patient placed in all other positions (save the upright) by placing the patient upon the side of the hernia in the semi-prone position, with the thigh flexed upon the body. I have in this position reduced a hernia almost instantly, after long trial in other positions. I have never yet succeeded by turning the patient topsy turvy in reducing hernia. I once resorted to this method for experiment, after an operation. The stricture I had divided with the knife, there seemed no obstacle in the way of the return of the bowel, but the bowel did not return even when the patient was placed almost in a vertical position, with the head down. I have twice or thrice, after the patient's system had been well relaxed, taken the patient by the legs, after the manner taught in the books, and dragged him across the room with his legs over my shoulders, and his head dragging upon the floor, and have exhausted my strength in this way to no purpose. Never in a single instance have I met with success by this maneuver. It is not strange that those who have commenced practice with the belief that such aposition is proper, should be slow to place any faith in the efficiency of the apposite or upright position. I have a most interesting and instructive case in point, recorded in my note book, that I will briefly relate. I was called to this case in consultation by Prof. Wetmore.

Mrs. P., æt. 42, had a femoral hernia of right side, of one year duration; wears a truss. When the truss was left off, the bowel protruded and could not be returned by persistent efforts of Dr. Wetmore, while the patient was under the influence of chloroform. This was late in the evening, local applications were made use of, and the next morning I visited the patient along with the doctor; chloroform was again administered, when both of us failed to reduce the hernia after somewhat prolonged trial, with patient in supine position. I advised an operation, and during the absence of Dr. W. for chloroform and an assistant, I entered into conversation with the patient upon her own mode of reduction of her hernia when she stated that she always, before this, had no difficulty in reducing it when she was standing upright. I said to her that she should have made this state-

ment before, and requested her to stand up, when upon slight pressure over the tumor I felt a gurgling sensation, that was evidence of the return of the tumor, and she stated that she felt it returning. Convinced that the hernia could now be reduced, but not wishing to accomplish it in the absence of Dr. Wetmore, as no detriment could accrue to the patient, I requested her to lie down again. As soon as the doctor returned she again got up, placing the hand upon the tumor it was immediately reduced by herself. In order to make the report of this case a little nearer perfect, I should state that the patient, while in the upright position, had a tendency to syncope, and this circumstance undoubtedly facilitated the reduction of the hernia, and perhaps was as essential an element toward its accomplishment as the position itself, yet the fact remains that the patient often had occasion to reduce her own hernia, and never could succeed in any other position than the upright one. Whether sh always had a tendency to faintness during her manipulations is not known.

During the past summer I reduced a femoral hernia, right side, by placing the patient upon her right side, nearly in the semi-prone position, with her thighs flexed upon the body; seizing hold of the tumor I almost simultaneously reduced it without the aid of chloroform, when I had failed with the patient in almost all other positions when she was under the use of chloroform. I am to conclud , therefore, that the positions heretofore recommended by the books are not always the best positions, and that if failures occur in such positions, then it will be wise to resort to the upright and if need be to the semi-prone position, when taxis applied will be made most serviceable and efficient.

I am quite willing now to advance a step and claim that to reduce hernia, whether inguinal or femoral, by taxis, that the semi-prone or upright positions of the patient are always advisable, and I am quite willing to use stronger language, and assert that the two positions named are the best, and the supine posture the worst for the patient to assume. It is not relaxation, but expansion, of the abdominal parietes that we want.

But yesterday I reduced an inguinal hernia while my patient was standing, after I had made an ineffectual attempt at reduction with my patient lying on his back.

On the evening of December 29th, 1871, I visited, along with Drs. Diehl and Daggett, a female æt. 73 years. I was requested by her attendant, Dr. Diehl, to go prepared to operate for strangulated femoral hernia. I found the patient with frequent pulse, learned that her hernia had been strangulated, and that she had been vomiting for twenty-four hours, and her daughter stated that what her mother vomited was "bad smelling." She was lying with her head elevated and legs flexed. The hernia was upon the left side, about the size of a black walnut and tender to the touch. Trial had been made during the day to reduce it by taxis, and another trial was now made, the woman in the position above described. The tumor felt tense and was hard and unyielding. Immediately I became convinced that no one could reduce the hernia while the patient remained in this posture, therefore I at once turned her over upon the side of the hernial protrusion, placing her in the semi-prone position, and with the fingers of my left hand reduced the hernia with the greatest ease, not occupying more than two minutes of time. She made a good recovery, notwithstanding the existence of strangulation for twenty-four hours.

Hernial protrusion always occurs when the person is standing. In this position it is easier far, for the bowel, or a portion of the contents of the abdominal cavity, to pass through an open space; why, then, not return the protruding bowel, with the patient occupying precisely the same attitude that was occupied when a portion of bowel emerged from the cavity through the outlet or ring? I am not really conscious that position exerts any considerable influence over stricture, still I am inclined to the belief that it does in some way or another modify the intensity of a stricture. An opening, made through a hollow rubber ball, or a hole made into any spheroidal hollow flexible body of any material, would be invisible when such body or substance was in a state of partial or complete collapse, but expand or inflate the ball, and the opening or hole through it will likewise expand proportionately, so that what before seemed to be a mere puncture is now a good-sized opening.

The abdomen may be likened to a ball or spherical body, the parieties of which are capable both of expansion and contraction or collapse. Standing, the weight of the abdominal viscera is downward, and the person's abdomen may be said to be in a state of expansion. Lying down, in the supine posture the downward pressure of the viscera is taken off and the abdomen is in a condition of contraction or collapse.

This explanation or rather illustration is merely a mechanical one, and may carry no particle of conviction along with it, yet I cannot but think that conclusions herein suggested would be verified by experiments upon the cadaver, which would convert mechanical illustration into anatomical demonstration. If there be any foundation in fact, for this new theory to rest upon, for the relief of stricture, then am I justifiable in asserting, that for the most successful and efficient application of the taxis in strangulated hernia, whether inguinal or femoral, the patient should be required to stand upon his or her feet, or to assume the semi-prone position, rather than to be upon the back.

Prognosis and Treatment of Valvular Disease.

Dr. GEORGE JOHNSON says, concerning these diseases, in the *British Medical Journal:*

The *prognosis* depends partly on the situation and the character of the valvular disease, partly upon the nature of the functional disturbance and the structural changes which have resulted from the diseased valve. In the order of gravity, mitral obstruction stands first, and aortic obstruction last, amongst the forms of valvular disease; for the reason that the feeble auricle has little power, and the strong ventricle much power, to overcome an impediment in front. Aortic regurgitation and mitral regurgitation are about equally grave, but aortic regurgitation is by far the most frequent cause of sudden death by syncope. In the great majority of cases of valvular disease, death occurs slowly, as a result of the impeded circulation through various organs. Amongst the most frequent causes of death are congestion of the lungs, with the resulting œdema, bronchitis, hemoptysis, pulmonary apoplexy and hydrothorax; congestion of the liver, with jaundice and hemorrhage from the stomach and bowels; congestion of the kidneys, with the resulting dropsy and its consequences, more especially inflammation and sloughing of the skin and cellular tissue; and, lastly, impeded circulation through the brain, with the associated nervous symptoms. Sudden death by syncope is an occasional result of aortic regurgitation, but it is rare in connection with any other form of valvular disease.

In the *treatment* of valvular disease, the first lesson to be learnt and acted upon is, that no treatment can have the slightest beneficial influence upon a damaged valve. Mischief has been done by a lowering and a so-called antiphlogistic treatment after the discovery of a bellows sound, which has been supposed to indicate recent inflammatory disease, but which in reality has been the result of chronic degeneration of a valve. The main object of treatment is to prevent the mischievous reaction of a damaged valve upon the muscular walls of the heart; in other words, to promote hypertrophy of the muscular tissue, as the most effectual means of preventing dilatation of the cavities. For it may safely be assumed, as a general rule, that the duration of life in these cases depends upon the degree in which hypertrophy of the muscular walls enables the heart to overcome the impediment to the circulation which results from a constricted orifice or an incompetent valve.

The diet should be nutritious, including a good proportion of animal food. Fatigue and all depressing influences should be as much as possible avoided, as well as everything that tends to excite and hurry the circulation, such as mental or emotional excitement, running, or walking, and violent muscular exertion of all kinds.

Tonics are often useful: quinine, nux vomica, and mineral acids, to help the appetite and digestion; iron, to counteract anæmia.

It has sometimes been said that one object of treatment is to prevent excessive hypertrophy of the heart; but it is doubtful whether this hypertrophy is ever in excess of what is required: doubtful, therefore, whether attempts should ever be made to lessen it. It is true that relief from pain, palpitation and dysponœa is sometimes afforded by a moderate venesection or by local bleeding, by purging, and by temporary low diet. But the probable explanation of this is, that by these means the volume of blood, and with that the work of the heart, is lessened, and not that the nutrition and the strength of the heart's walls are diminished. Small doses of digitalis are often very useful in checking an excessive and tumultuous action of the heart; and a combination of tincture of digitalis with tincture of the percbloride of iron is an efficacious sedative tonic and diuretic. The action of digitalis on the heart must always be carefully watched. It sometimes causes a distressing fluttering and depression, when, of course, it must be immediately discontinued. Extract of aconite appears to possess the power of relieving painful sensations and disquietude about the heart. One-eighth of a grain of the alcoholic extract may be given twice or thrice daily. The effect must be carefully watched. A belladonna plaster worn over the heart often proves an efficient local anodyne. Belladonna, remember, cannot be applied to an abraded surface without risk of absorption and alarming symptoms of poisoning.

The state of the circulation through the lungs and other internal organs must be watched and regulated. Exposure to cold and wet should be carefully avoided. The result of such exposure might be an attack of pulmonary congestion and bronchitis. The occurance of such symptoms would be best met by the prompt application of the treatment for catarrh and bronchitis which I described fully in a former lecture (see *British Medical Journal* Oct. 23rd, 1869). Congestion of the kidney, with a scanty secretion of urine may be treated by the warm bath, or by the hot air bath, dry cupping on the loins, mustard and linseed poultices, and an occasional purgative.

Diuretics are useful in cases of valvular disease, not only to lessen, but also to prevent dropsy. Various diuretics may be tried in succession and in combination—broom, digitalis, juniper, squill, acetate of potash, spirit of nitric ether, compound tincture of iodine. A pleasant and often efficient diuretic is the so-called "imperial drink" made with cream of tartar, lemon-juice and peal, to which a small quantity of gin may be added. Another useful diuretic is a combination of powdered squill, digitalis, and calomel, a grain of each in a pill, repeated night and morning until six doses have been taken. The action of diuretics is often prompted by an occasional hy-

dragogue, as for example, one-sixth or one-fourth of a grain of elaterium, or half a drachm of compound jalap powder, or ten grains of compound gamboge pill. When the impediment to the circulation through the kidney has reached the point at which the urine becomes albuminous, diuretics are generally useless, and often mischievous. In some of these cases, as also in cases of renal dropsy, the best means of promoting a free secretion of urine, and so removing the dropsy, consist in keeping the patient for a time exclusively upon a diet of cold or tepid milk, of which six or eight pints may be taken in twenty-four hours. If there be a difficulty in digesting the cream, the milk should be skimmed. The diuretic action of the milk may be aided by giving twenty or thirty grains of acetate of potash three times a day.

When other means fail to prevent the increase of dropsy, the anasarcous fluid may be allowed to escape through incisions or punctures in the legs. The drain of liquid usually affords great temporary relief, and is often followed by a copious secretion of urine. It is not to be denied—and the patient and his friends should be informed—that incisions or punctures are sometimes followed by inflammation and sloughing of the integuments; but then, on the other hand, distension of the skin by an excessive dropsical accumulation is not unfrequently attended with the same unpleasant results. In my experience, erysipelatous inflammation and sloughing have resulted more frequently from over-distension of the integuments than from punctures made to remove distension. On the whole, then, puncturing anasarcous legs is an operation which, when done with proper precautions, is so advantageous to the patient, that we dare not shrink from the responsibility of advising it. Many instances have come under my observation in which this simple operation has prolonged life in comparative comfort for a very considerable period.

Treatment of Spermatorrhœa.

Mr. G. G. Gascoyne gives the following reconsiderations in the *British Medical Journal*:

The occasional introduction of a catheter as large as the urethra will take is often of the greatest service; it should be passed into the bladder and allowed to remain for five or ten minutes, according to the tolerance of the patient; its mechanical pressure helps to unload the congested capillaries and small vessels of the urethra; its contact deadens and destroys the extreme sensibility of the urethral nerves, and renders them less susceptible to the influence of slight excitants; whilst, by stimulating the muscles, it provokes their contraction, and so renders material assistance in emptying the larger veins. A silver catheter is the best instrument for the purpose, as it exerts firmer pressure than an elastic bougie; and, as the urine can be drawn off through it, the patient will not require to micturate for several hours, which is a point of some importance, as the urethra is often very tender after the passage of an instrument for the first few times. The frequency with which it should be employed depends upon the amount of discomfort its presence occasions; and, if the pain be great, it should not be left in more than a few seconds, lest rigors, swelled testicle, etc., be occasioned. Sometimes the urethra is *extremely* sensitive, and much pain attends the use of the catheter; but this is an additional reason for persisting with it, though a smaller one may be employed at first, so as to cause less pain. I have sometimes found that smearing the catheter with blue or calomel ointment, or with half a grain to a grain of nitrate of silver rubbed down in an ounce of lard, to be of use in obstinate cases; but I prefer the blue ointment to anything I have yet tried. Some camphor, extract of opium, belladonna, etc., may be combined with these ointments, if thought desirable. Care should be taken that these applications do not reach much beyond the curve of the instrument, and it should be thoroughly well oiled before using it. The oversecretion of mucus is always checked by the use of the catheter, whether armed with ointment or not.

Cold bathing, cold douches, etc., should not be employed on going to bed. The ordinary bath in the morning does good; but cold applications at night should be forbidden, as the reaction which follows them will increase the local circulation, and so cause congestion and erection of the penis, and thus increase the probability of emissions.

Not only must the position assumed in sleep be attended to, but undue warmth in bed avoided, whether by using very soft beds or too large an amount of clothing. The bowels should be carefully regulated, to prevent any accumulation within the rectum; and the urine examined from time to time so as to detect an excess of uric acid, the presence of oxalates, etc., which may render its passage irritating to the hypersensitive urethra. Over-distension of the bladder must at all times be guarded against, and the patient warned to pass urine on waking in the morning, lest he doze off again with a full bladder, which is one of the most certain provocations of erection and emissions.

Before commencing to treat this affection constitutionally, it is generally necessary to allay the digestive disturbances which are so common and often so severe, by giving such remedies as may be applicable to the condition of the patient, either with or without the more special medicines. By neglecting to do so, we may not only add to the dyspeptic troubles and obtain no benefit from the drugs given, but a valuable medicine may do harm and be brought into disrepute, in consequence of its being administered at a time when the stomach cannot tolerate it.

Internally, I have found astringents of more use in this disorder than tonics; or they may be combined. Gallic acid, the dilute mineral acids, especially the sulphuric, may be given. Tincture of matico will often be of service, and more so, in my experience, than any other plant rich in tannin, as it appears to act upon the genito-urinary tract, rather than upon the bowels, as is often the case with the others.

Ergot is one of the most valuable remedies for this affection, and the liquid extracts of the *Pharmacopœia* is a very efficient and convenient form for giving it; whilst the dilute sulphuric acid can be added, if thought advisable.

When the urethra is very sensitive, and the passage of urine painful, small doses of copaiba are often most comforting; or the other oleoresins may be tried if it disagree; but none of them, in my opinion, is equal in value to copaiba, when it can be borne.

I am not disposed to regard strychnine in these cases with very great favor; when there is much irritability of the nerves I believe it often adds to this; but when this is subsiding it may be of use as a tonic; so may quinine or iron, but in no other way. I have never given the tincture of iron in the enormous doses (from one to two drachms three times daily) recommended by some, and so I cannot speak personally of its value in such large quantity.

Cantharides, phosphorus (except the dilute phosphoric acid), and the so-called aphrodisiacs, do harm by acting as stimulants to the nervous system generally, and therefore to the local nerves. Cantharides, also, by its action upon the bladder is, especially when given in large doses, a very injurious drug in these cases. For the same reasons I disapprove of local blistering; while the sore left by the blister acts, moreover, as a source of irritation, and adds to the liability of emissions.

Belladonna, in my hands, has proved to be an uncertain remedy; in some cases it has appeared to do good by allaying irritation, whilst in others there were no beneficial results from it. The dryness of throat, disturbance of vision and diarrhea, which are often caused by it, constitute an objection to its employment in full doses, and without them its value is very questionable.

Camphor is a most useful drug; three or four grains made up into two pills, with half a grain or a grain of opium and one or two of aloes, have more frequently allayed irritability and prevented emissions, than anything I have yet tried. Opium alone does not succeed as well, and a larger dose is necessary, so that the untoward symtoms sometimes produced by it are more likely to be incurred.

I have tried chloral in a few cases, and with very great advantage: in doses of fifteen or twenty grains at bed-time, it has answered its purpose admirably.

Bromide of potassium, in thirty or forty-grain doses, will sometimes be of service; but it seems to me a less certain remedy than chloral, which I am disposed to regard as one of the valuable agents we possess for these cases, though as yet my experience of it is limited.

Suppositories vary much in their action whatever drugs they may contain. Occasionally they answer well, but often they do not lessen, and I am not sure they do not sometimes increase, the irritability of the parts.

Galvanism I have not employed myself; but in the few instances where I have known it tried by others, it has seemed to me to do more harm than good, by adding to the nervous irritation.

Lastly, as to cauterization by the *porte-caustique*, I need scarcely say that I am strongly opposed to this method of treatment; for, if my view of this disorder be correct, this instrument can relieve it in no other way than as the passage of the catheter does. I do not believe that ulceration or other morbid conditions of the ejaculatory ducts are the causes of seminal losses. We have no evidence that these pathological conditions exist except, it may be, in very rare instances; and, if so, the application of nitrate of silver to the prostatic mucous membrane in every case of nocturnal emission must be unnessary; and in spite of its alleged harmlessness, I consider it to be a dangerous treatment. I have known two persons die from the effects of the *porte-caustique*, and I have seen others suffer severely from its employment. This may not be the usual result; but I do say that the application of nitrate of silver to the urethra, whether in stick or in strong solution, is at least a very sharp remedy, and will often produce violent inflammation, and sometimes lay the foundation of a stricture or of a chronic irritation of the bladder. If, then, caustic be applied on an incorrect surmise as to the condition of, and its effects upon, the prostatic mucous membrane and ejaculatory ducts, it is not only an unnecessary, but, in my opinion, an unsafe method of treatment.

Modern Improvements in the Conduct of Labor.

This was the subject of an address by Dr. KIDD before the Dublin Obstetrical Society, from which we make the following extracts:

Improvements in Embryotomy.

Though the use of the perforator and the frequency of embryotomy has been gradually reduced to a minimum, this very circumstance instead of causing the operation to be neglected has led to its improvement. Embryotomy is now only performed in extreme cases, and consequently the instruments that served well in cases of little difficulty soon had their inefficiency made manifest when they came to be used only in cases of great deformity. The improvement of the instruments and

of the methods of operating therefore became a necessity, and to this object have been directed the attention of obstetricians in all lands. In Italy and in France, in Austria and in Belgium, in America, and at home, improvements have been suggested. Long before the necessity for it was recognized elsewhere the cephalotribe was invented by Assalini, to whose genius we are indebted for many other improvements, for the extraction of the head in cases where the conjugate diameter of the pelvis was under three inches. This instrument may possibly have been suggested by the Almisdach, described by Albucasis, and figured by Churchill, but at all events it has come to us through Baudelocque and the French obstetricans, and has now, after successive modifications at home and abroad, been brought to such perfection that by its aid women whose pelvises measured but little more than one inch, instead of the three of Assalini, in the conjugate diameter, have been safely delivered of full grown children.

From Italy, again, we have learned another method of drawing the head through a very narrow pelvis. When the cephalotribe is used it flattens the roof of the skull on the base, and, without breaking this latter, turns or cants it so as to make it come down edgeways; but the brothers Lollini conceived the idea of breaking up the base so as to allow the bones composing it to glide and fold up on one another, and so come through a very narrow space. This they did with a *forceps tarière*, or augur forceps, with which they drilled holes in the base of the skull and so broke it up. This method has been improved on by Dr. Hubert, of Louvain, who, two years ago, read a paper before the Royal Academy of Medicine of Belgium, on an operation he called *sphenotresie* or *transforation*, which consisted in driving a large wedge-shaped screw into the body of the sphenoid, so as to split up the base into a number of pieces; and, about the same time, Sir James Simpson exhibited, at a meeting of the British Medical Association, an instrument, very similar in principle, to effect the same object. From Belgium we have had another plan for reducing the size of the fetal head in the *forceps scie*, or saw forceps of Van Heuvel, of Brussels, with which the head is seized and then cut into segments by a chain-saw; and, more recently, Dr. Barnes, of London, has proposed to effect the same division of the head into segments by means of an ecraseur. We have thus got at our disposal various methods of reducing the head or other parts of a child in utero to such dimensions that it may be drawn through a very narrow pelvis; and I claim it as another example of progress, that by some one or other of these methods in those cases where the pelvis is so so deformed, that some years ago we would all have admitted that delivery could only be effected by that most fatal operation the Cæsarian section, the child can now be removed with comparative safety to the mother.

Bi-Polar Version.

In another class of labors, mechanical skill has done much to overcome difficulties that but too often compromised the life of both mother and child. When the child lies with its long axis crossways, it must be turned before it can be born, or be doubled up, or extracted piecemeal. There are few operations in midwifery attended with more danger than version; the introduction of the hand into the uterus is always a dangerous proceeding; and various attempts have been made to effect the version without it, but it remained for Dr. Braxton Hicks to show that by a combined external and internal manipulation, that is by a hand placed externally on the abdomen of the mother, and one or two fingers in the os uteri, the operation, which so frequently failed before, can in a large proportion of cases be effected with ease and certainty, and the child be safely tilted into the proper position.

Decapitation.

But in some cases of transverse presentation it is found impossible to safely effect the version in any way, and "this impossibility of turning the child had," to use the words of Denman, "to the apprehension of writers and practitioners, left the woman without any hope of relief. Some proposed to decapitate the child under these circumstances, but owing probably to badly devised methods of doing it the operation was seldom if ever practiced, and another was adopted instead. This operation, evisceration, was seldom accomplished, according to Dr. Collins, under two hours; in one case he spent two hours and a-half at it. It is to the operator two hours of hard work and great fatigue, and if it produces great exhaustion in him what must it be to the mother. After a series of attempts the operation of decapitation has lately been rendered so simple and easy of performance that it will probably altogether supercede evisceration. Prof. Pajot, of Paris, has devised a method by which the operation may be effected in a minute and a-half; and I have myself done it with his instrument in this time. It is probable his method may be still further simplified, and in the paper read at one of our meetings during the past session I have myself described a modification of it that will, I hope, make it more easy.

Hemorrhage—Transfusion.

After the birth of the child, and especially when the uterus is fatigued and exhausted by prolonged labor, hemorrhage is of not infrequent occurrence, and sometimes it is of a formidable character. We are indebted to Dr. Barnes for the introduction of a method that seldom fails to control this. I mean the injection of a strong solution of the perchloride of iron into the interior of the uterus. In the session before the last we had several success-

ful cases of this mode of treating post-partum hemorrhage, brought before us by Dr. Roe, and during the same session Dr. Beatty brought before us a case of extreme hemorrhage, in which the operation of transfusion was successfully performed by Dr. Robert McDonnell, and I believe we shall have before us at our next meeting two other cases of transfusion, in one of which the same successful result was obtained, but in the other the operation was performed too late to be of any use. If further experience confirm the teaching of these successful cases, that the operation can be performed without producing phlebitis or other injurious results, it will, no doubt, be had recourse to at a much earlier period than hitherto, and we shall have no more failures from being too late. To inject blood into the veins of a patient dying from hemorrhage is a natural impulse, and has been attempted from the earliest periods. The success of Dr. McDonnell's method depends on a happy application of physiological knowledge and mechanical skill. The difficulties to be overcome were twofold—the risk of obstructing the circulation by the introduction either of a clot or of air. As soon as it was learned that the fibrin was an excrementitious material, and not the essential portion of the blood, it was at once seen that the risk of introducing clots could be obviated by the removal of all the fibrin, or clot-producing material; and this is the first step in Dr. McDonnell's process. To prevent the introduction of air is the remaining difficulty. This is overcome by causing the blood to flow in by its own gravity rather than by a syringe. and by making it pass, in part of its course, through a narrow glass tube, where a bubble of air, if it occur, can easily be seen, and its passage be at once arrested.

Laceration of the Perineum.

Laceration of the perineum during labor, especially in primiparous labors, is very common, and occurs, as has been shown by Sir James Simpson, "despite the very modification of management, and in cases also in which no kind of management has been adopted." This also has been charged against the forceps, and at one time it was taught that the forceps should never be used in a first labor, because of the danger of lacerating the perineum. Most obstetricians of the present day, however, will, I have no doubt, agree with me in saying the progress of the head is more under control when the forceps is used than in the natural labor of strong and impetuous young women, and that the perineum is actually safer when the forceps is skillfully used than when no assistance is given. When the accident does occur, if the laceration do not extend too close to the sphincter ani, the immediate consequences are so trivial that, till recently, it was not thought necessary to adopt any special treatment to remedy the evil; but as the women who have had the perineum torn advanced in life, they often suffer from prolapse of the posterior wall of the vagina, dragging down the rectum with it, a form of prolapse most difficult to relieve. It has consequently become the rule with many, when lacerations occur, to draw together the edges of the wound with one or two sutures, and, though the wound is a lacerated one, perfect union almost always takes place, and thus women are saved from such discomfort, so, though apparently a trivial matter, I think this an improvement not unworthy of a passing notice.

Washing Out the Uterus.

It sometimes happens in the course of convalescence after labor or abortion, that the discharges from the uterus become putrid and exceedingly fetid, from the presence of some decomposing substance within the uterus itself. This sets up fever and blood poisoning, which often run on to a fatal termination; but Dr. Hicks has shown, that with certain precautions the cavity of the uterus may be safely washed out, and the offending substance removed. It was at one time thought exceedingly dangerous to inject fluid of any kind into the cavity of the uterus; but it is now established, that if the os be sufficiently open to allow the fluid to run out again freely, there is neither danger nor pain in the operation; and I am quite sure that I have seen more than one woman relieved of a very serious train of symptoms by having her uterus thoroughly washed out with a solution of permanganate of potash, as recommended by Dr. Hicks.

Lead Poisoning Following the Use of a Hair Preparation.

Dr. J. M. CROCKER, of Provincetown, writes to the *Boston Medical Journal:*

The following case of lead palsy, from using a "Hair Preparation," may not be uninteresting. R. W., æt. 55, laborer, was attacked with what appeared to be muscular rheumatism, affecting mainly the deltoid and other muscles of shoulders, last February. When first visited, he was suffering from pains more or less severely for a month or two. Both arms were in this manner crippled. Ordered cotton batting to affected parts, lemon-juice and opiates internally. Made quite a rapid recovery, but when seen in March following he was suffering from an almost complete paralysis of extensor muscles of fingers and hands, with dropping of wrists. He could readily and forcibly grasp, but found difficulty in letting go. No lead lines about gums could be seen. Said he had had several attacks of colic within a few years. The water used for drinking purposes was obtained from a brick well, and stood in a wooden bucket. Ordinary cooking utensils were used in his family. Subsequently, upon inquiry, I discovered that for fifteen years he

had used a "hair renewer," made by himself of three tablespoonfuls lac sulphur and two teaspoonfuls sugar of lead to a pint of water. With this he had drenched his hair and scalp as often as once a week. Under use of iodide of potassium and galvanism he has made a good recovery, the hair-dressing having, of course, been discontinued. The urine was not examined after treatment began. No colic since sugar of lead was stopped.

Reviews and Book Notices.

NOTES ON BOOKS.

——Dr. FESSENDEN N. OTIS, in an article on the Physiology of Syphilitic Infection, reprinted from the *Medical Gazette*. takes the ground that syphilis is at first a local disease; that its later manifestations are wholly dependent upon interference with the *lymphatic* circulation; and that it is the germinal element which is primarily affected. Those who would become further acquainted with his views can obtain his article in pamphlet form from F. Leypoldt, New York city.

——By wish of the executors of Sir JAMES SIMPSON, his friend, Prof. DUNS, F. R. S. E., has undertaken to write his biography.

——Prof. HAUGHTON is preparing for the press a volume containing his lectures on Least Force in Nature, and other anatomical subjects.

——We have received:

Report of the Manhattan Eye and Ear Hospital.

Annual Announcement of the Woman's Medical College of Pennsylvania.

Annual Report of the Woman's Hospital of Philadelphia.

Valedictory Address to the 20th Graduating Class of the Woman's Medical College of Pennsylvania, by HENRY HARTSHORNE, M. D.

Fourth Annual Report of the St. Mary's Hospital, Philadelphia.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia.

——An investigation concerning the mechanism of the ossicles of hearing and the membrane of the round window, by Dr. CHARLES H. BURNETT; reprinted from the *Archives of Ophthalmology and Otology*.

BOOK NOTICES.

Worms. A Series of Lectures on Practical Helminthology, delivered at the Medical College of the Middlesex Hospital. With cases illustrating the Symptoms, Diagnosis and Treatment of internal Parasitic Diseases. By T. SPENCER COBBOLD, M. D., F. R. S., etc. Philadelphia, Lindsay & Blakiston, 1872. 1 vol., cloth, 8vo., pp. 178. Price

DR. COBBOLD has long been known as perhaps the most indefatigable helminthologist of Great Britain, and in the present volume he has summed up the results of his researches and studies in a compact and lucid form. The lectures are twenty in number, the first six of which were published in the London *Medical Times and Gazette*, the remainder being entirely new and recently delivered. The first eleven are chiefly upon tape-worm, its causes, symptoms and treatment, illustrated with cases. The subjects of the subsequent discourses are seat-worms, thread-worms, ascarides, trichinæ, bots, flukes and maggots. A great deal of attention is given to the most effective methods of treatment, and also to the detection of obscure disorders of the system which arise from the presence of parasites, without presenting such symptoms as would lead at once to a suspicion of their presence. The cases are clearly recorded and repay careful study.

The author adds a list of his contributions to this branch of science, which have been numerous, and the volume is furnished with an excellent index.

Dr. Rigby's Obstetric Memoranda. Fourth edition, revised and enlarged. By ALFRED MEADOWS, M. D., etc., Philadelphia: Lindsay & Blakiston, 1872. 32 mo., pp. 104, cloth. Price $.

Memoranda on Poisons. By the late Thomas HAWKES TANNER, M. D., F. L. S. Third and completely revised edition. Philadelphia: Lindsay & Blakiston, 1872. 32 mo., pp. 155, cloth. Price $.

Both these little books, as their titles denote, are intended as reminders to the practitioners and to the student. That they have

each gone through several editions is an evident proof of their popularity. They are both carefully arranged, and both have undergone thorough and repeated revisions.

The American editor of TANNER's memoranda has discarded the old classifications of poisons as irrational, and adopted a division into corrosives, virulent gases, neurotics and abortives. He confesses that this grouping is "far from perfect"—and we agree with him. Under each poison are given the symptoms, *post-mortem* appearances, treatment and tests. In the treatment of opium we are astonished to find no mention of belladonna as an antidote. The abortives are treated quite inadequately in proportion to their importance. Generally, however, the book is satisfactory.

Dr. RIGBY's memoranda has quite a reputation for practical utility, and having the unavoidable faults of omission in compilations of the kind, it deserves much praise for lucidity and conciseness.

The Irritable Bladder, its Causes and Treatment, including a Practical view of Urinary Pathology, Deposits and Calculi. By FREDERICK JAMES GANT, F. R. C. S., etc. Third Edition, revised and enlarged, with additional wood engravings. Philadelphia: Lindsey & Blakiston. 1872. 1 vol cloth. Pp. 221. Price, $

The first two editions of this work were rapidly exhausted, and in the preparation of the present one the author has submitted the text to a careful revision, and inserted considerable additional matter, particularly upon urinary calculi. The subject is treated under three sectional headings, the first being upon the constitutional causes of irritability of the bladder and their "social origin." By the latter term Dr. GANT means such causes as errors of diet, neglect of ablution, mal-excretion, in-door life, mismanaged pregnancy, etc. In common with all intelligent physicians, not warped by prejudices, he urges a wider distribution of hygienic knowledge among the masses, remarking, "in the *prevention* of disease the more will medicine, as a profession, be appreciated and honored" (p. 11).

The second section treats of local causes of irritable bladder, as constipation, diseases of the uterus and prostate, stricture of the urethra and vesical affections. The third is upon urinary pathology and the treatment of irritability of the bladder. The microscopical characters and chemical tests of morbid conditions of the urine are described, urinary calculi explained, and ample practical instructions given for treatment.

The book is English print, on heavy paper, and in clear type. As a practical guide to the troublesome maladies it is concerned with, it will be found of great value to the physician.

The Medical Congress of France.

It is announced that the fourth session of this body will be held this year at Lyons. It will commence on the 18th September, and will last for nine days. Foreigners will be admitted without subscription. The subjects specially propounded for discussion are the following: 1. Epidemics of small-pox, with special reference to the varieties of vaccination, animal viccination, and the best regulations for ensuring general vaccination. 2. Wounds from fire-arms; the primary and secondary effects of the new projectiles, including the discussion of explosive balls; the indications for systematic expectant treatment; amputations and resections in diaphysary and articular fractures; these to be studied in respect to mortality and the preservation of the functions of the limbs; modes of dressing best fitted to prevent complication, and to facilitate transport of the wounded to a distance. 3. Ambulances in time of war, including comparative national organization; relations of the head of the ambulance to the military commander; relations of the official with the voluntary ambulance. 4. The cattle-plague. 5. The causes of the depopulation of France, and the means of remedying it. 6. The treatment of syphilis. 7. The reorganization of medical teaching in France. 8. The practical means of ameliorating the position of the medical practitioner, and placing him in harmony with the importance of the part which he is called upon to play in society.

A Worthy Example.

In his life of the celebrated COBBETT, the unfortunate Rev. JOHN SELBY WATSON states that when Cobbett started his newspaper, the *Porcupine*, he gave notice that it should be kept pure from the foul and offensive advertisements of quacks, though he was told that he should lose £500 *per annum* by the exclusion, as well as incur the hostility of the venders of death-dealing nostrums. In this resolution he may have been influenced by his recollection of what he had suffered from the notorious quack, Rush, of Philadelphia.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 4, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

THE QUESTION OF INTOXICANTS.

Problems of sociology, to be studied effectively must be studied objectively; that is, not with reference to what we think they ought to prove or illustrate, not with regard to moral or intellectual ends, but simply with intention of discovering naked facts which make them up. Science has nothing more to do with morals, with happiness or with development, than art has. Pure science and pure art are from their nature alike disseverred from the purposes of utility and morality. The ignorance or the neglect of this great truth is the reason why so much ink and words are wasted on discussions concerning the *cui bono*, and its misinterpretation is the cause of that hostility to science and art which has too often marked the history of religious thought, and marred the character of able minds.

We have been led to these reflections by a conspicuous instance, *not* of what we have been criticising, but of its opposite: a discussion of a social problem, and that one of the gravest which we have to cope withal, in a tone of most unbiased scrutiny. We refer to the investigation into the causes, extent, results and prevention of drunkenness, recently carried on by the State Board of Health of Massachusetts. This is so important a question that few men can be found who are capable of examining it without being controled by preconceived views which, they think, must be supported, or else their labor is vain.

One of these few, however, we believe to be Dr. HENRY J. BOWDITCH, of Boston, President of the Board. In the second and third reports of the board he has entered into an extended examination of the use of intoxicants as beverages, and the conclusions he draws bear the stamp of conscientious study.

They are not altogether in the interests of any one party on the temperance question. Indeed, it is likely they will be unpalatable to all. The following propositions include the principal facts ascertained:

First. Stimulants of some kind are found to exist and to be used at times to excess in every quarter of the globe. To use stimulants, therefore, seems to be one of the strongest of human instincts. As such it cannot be prohibited any more than we can annihilate any other instinct. We can only curb it by reason or by law, if it transgresses the bounds of social life.

"*Second.* Intemperance is very rare between the isothermal lines of 77° F., north and south of the equatorial isothermal line of 82.4. It gradually increases on going northward (and southward probably), between 77 N. and S. and 50° isothermal lines, which is the area for the natural growth of the grapevine. It becomes very rife above 50°, and, moreover, it is of a coarser, more brutal character than in either of the two previously named areas.

"*Third.* Intemperance produces little or no crime at the equatorial area, rarely in the middle area; whereas, it is the greatest provocative of crime above 50° F.

"*Fourth.* Race has immense influence on the prevalence of intemperance. For example, the English race has entailed on this nation the incubus of two centuries of drunkenness, inherited from one generation to another. England now overshadows Ceylon in the tropics, and Australia in the grape region,

with these same habits, thus overriding all climatic law, at least for a time, till reason and conscience and wise laws can restrain it.

"*Fifth.* In Europe and in other grape growing areas of the earth, mild wines are used freely from babyhood to old age, and they do not seem to produce a nation of drunkards.

"*Sixth.* Similar remarks may be made on lager beer and its effects.

"*Seventh.* On the contrary, ardent spirits dwarf intellectually, morally and physically the nation that uses them to excess.

"*Eighth.* Hence we should not classify all liquors as equally prejudicial to man. On the contrary, admitting a human instinct, we should allow the reasonable and free use of some stimulants and discourage the use of others.

"*Ninth.* We should in this country cultivate everywhere the grapevine and permit the use of lager beer. We should open our ports to a free trade in mild, 'unfortified' European wines, at least until we can make sufficient of our own to satisfy the necessities of our own people."

These interesting results prove among other things the uselessness of making drunkenness a mere question of legislation.

There are, indeed, certain instincts which belong to man and which he is certain to indulge. The folly of attempting to prevent this indulgence by prohibition is apparent to every one except those who advocate such action. The recourse is to facilitate the means of *innocent* indulgence; and to appreciate the fact that indulgence *can be* innocent. There are sects who insist upon it that all copulation is criminal; others, that eating flesh is a damnable sin; and others again, that to drink wine is to pour a libation to the devil. With such, argument is usually thrown away; for they intend to keep their opinions, no matter what arguments are brought forward. Their eminent morality does not extend to making them truth-seekers; nor is their humility of that sort which admits the possibility of their being in the wrong.

But there are many others, of various opinions, willing to be guided by new light on an old subject; and to such we commend the above statement of Dr. BOWDITCH. We shall never rightly set about the limitation of the great evil of drunkenness until we have learned its relations to race, climate, rank and latitude.

THE MARCH OF AN EPIDEMIC.

Cholera has twice approached the western world on precisely the same routes which it is now selecting—the one by the Caspian and Black seas, Southern Russia and the Baltic; the other by the Persian Gulf, the Red sea, Alexandria and the Mediterranean.

With these warnings before us and with the undisputed fact to guide us that a *judicious* quarantine and careful sanitary precautions can stop it, the powers of Europe ought to combine with this view. On the southern route the annual pilgrimage to Mecca has been a fruitful source of infection for the whole north coast of Africa. This year the Porte has taken active measures to prevent such a catastrophe. Dr. PASQUA was appointed Sanitary Inspector at Jedda last year, and has recently made a report abundantly illustrating the wisdom of such precautions. The number of pilgrims was about 110,000.

For many years, according to Dr. KADRI EFFENDI, an eye-witness and joint sanitary inspector, there had not occurred such an afflux of Bedouins.

Dr. PASQUA is able personally to declare that no case of cholera was found on board the ships carrying the pilgrims, and that no trace of the disease was observed during the *fêtes*, which were favored by magnificent weather and an agreeably cool temperature. Dr. ARIF BEY, Vice President of the Superior Council of Health at Constantinople, arrived at Mecca with a mission to take under his surveillance the execution of local measures of salubrity and hygiene during the sacrificial feasts at Arafat and Mineh. Some young medical officers of health in the Hedjez were charged with the sanitary police, and appeared to have fulfilled their mission with a zeal and devotion which were crowned with com lete success. All Europe and America are interested in these important efforts of the Porte to circumscribe the wanderings of the Asiatic cholera, and for the successful exertions which it has made of late to avert the dangers which this pilgrimage annually threatens us.

But such precautions are not enough. In a "cholera year" there is no reasonable doubt but that the pestilence will arise, *sua sponte*, in favorable circumstances, and become epidemic in a neighborhood, whether it has not been brought by either individuals or families. Such a case was distinctly proven in Russia last year, and has been very minutely detailed in a German journal. A focus was established from which the epidemic extended in several directions along the lines of travel.

This emphasizes the value of strict sanitary rules and their enforcement, even when the disease is not actually at our doors. Dirt, intemperance, fecal accumulations and bad food, invite, even produce, this fearful guest. But what is the worst of all is *bad drinking-water*. Our America citizens do not appreciate this. Philadelphia has abominable water; New York is not much better; and except Chicago and Boston, few of the great cities but could improve in this respect. We lately read a statement by a gentleman showing how valuable pure water is to a city. He is describing the town of Killarney in Ireland; after mentioning its exceptional untidiness he proceeds:

"The parts of the town to which this description may apply covered about twenty-five acres, and almost every part of that surface was teeming with effluvia from such decayed substances of every sort as are admitted to be of the most noxious kind, without any provision whatever, for carrying off the putrid water which is always to be seen in so wet a climate as this.

"The population is about six thousand, of whom two-thirds live in cabins furnished with the inevitable dung-pit. These cabins contain seven hundred families at the least. The dung-pit averages ten cubic yards in content, so that on twenty-five acres we have at least seven thousand cubic yards of fœtid matter, with four thousand people breathing the exhalation of such an accumulation as could not, I think, be found elsewhere, even in Ireland.

"But, nevertheless, the town of Killarney has always been *a remarkably healthy place*. There is a fever-hospital which has not been full since the famine dysentery in 1847-48, and which is very frequently empty. There is no dislike on the part of the poor to go into this hospital, because it is not the workhouse, so that the few fever cases that do occur are quickly removed out of the crowded houses.

"It was asked: 'How can such a state of things be? or, how can it be accounted for that such good public health can exist amid all this rottenness giving rise to the miasmata so well known as certain producers of fever and cholera?' I suggested that there were two great advantages in favor of health, namely: an ample supply of the very best water, and *smoky houses*. The subsoil of the town is gravel and sand to a great depth, and in this there are many strong springs, the purest water being met with at six or eight feet under the surface. The fuel used is all turf, and the blackened walls of the inside of the houses showed that the inhabitants lived in an atmosphere of peat smoke. I cannot help thinking that such smoke, possessing, as we know, preserving or antiseptic properties, must act as a deodorizer and preventive against infection or malaria."

Perhaps the smoke which envelopes some of our western manufacturing towns may exert some such protection. It would at least be consolatory to the inhabitants to entertain the idea, as it would help to reconcile them to a most disagreeable circumstance.

Notes and Comments.

How to Judge of Contagion.

In a late lecture on State Medicine, Dr. WILLIAM STOKES spoke of contagion as "a characteristic of which the best evidence is found by the application of the *doctrine of chances*. In the progress of an epidemic in Ireland (and doubtless, also, in other countries), in a family of twelve persons, the disease has been known to attack eleven out of the twelve. In some cases, the passing of the fever through so large a proportion as eleven individuals out of twelve, has taken a very considerable period of time, as you may readily understand. It has taken about three months to go through them all. Now, my father proposed these two problems to the

then Bishop of Cloyne, Dr. BRINKLEY, for solution.

1. "An epidemic prevails so severely that one person out of seven sickens. A family of twelve is selected in a particular district before the epidemic has visited it. What is the chance that eleven out of that family shall take the disease, supposing the sickness of one of the family does not promote the sickening of another—that is, supposing the disease not to be contagious, and supposing the family to be not unusually liable to the disease?"

The answer furnished by Dr. BRINKLEY was, that the probability against such an event is 189,600,000 to 1. This is a very singular and extraordinary result.

2. "The same general conditions being assumed, and also that the number of inhabitants of a district is 7,000, what is the chance that, in a family of twelve within the district, eleven will sicken."

Answer: "The chance then is 300,000 to 1 that no family of twelve persons, in a population of 7,000, will have eleven persons sick."

These numbers furnish proofs so convincing of the truth of the doctrine of contagion, that it is hardly necessary to go further. The facts on which they are based are ascertained facts; they have been common facts in epidemic fever; but, recollecting that they were common facts, the chances against their happening, if the disease were not contagious, would be 189,600,000 to 1 in the one case, and 300,000 to 1 in the other."

Disease and the Weather.

A writer in the *British Medical Journal* remarks:

"Meteorologists all know that the warm and moist equatorial current is generally accompanied in winter by a decrease of barometric pressure. How cleverly did the great JENNER embody in a few lines of verse, "On the Signs of Rain," the effects of these atmospheric changes:

> "Hark! how the chairs and tables crack,
> Old Betty's joints are on the rack."

The aching of corns is as readily accounted for as the cracking of chairs and tables; for both are evidently the result of the increase of the amount of moisture in the air. The great alterations in size which epithelial and ligneous structures undergo by the addition or subtraction of moisture are well known; what are the changes in the body when it is exposed to low barometric pressure? RICHARDSON, HEWSON, and others tell us that there is a tendency to exudation of fluid from wounded surfaces, a feebleness in the healing of wounds, a susceptibility to disturbance in the body generally, and a proneness to the production of secondary fever by the absorption of discharges which have undergone some decomposition. The outcome of these facts has been the establishment of the law, that no important surgical operation should be performed when the barometer is low, or when it is steadily falling. The principal effect, however, of diminished pressure of the atmosphere is distension of the capillaries. We all recognize as one of the exciting causes of apoplectic seizures a rapid diminution of atmospheric pressure, producing a sudden capillary engorgement. An exacerbation of the symptoms in cases of joint-disease may be due, perhaps, to the same meteorological change acting in a manner which may be thus explained. In the solid inelastic articular expansions of the bones, which are surrounded by firm inextensile textures forming the joints, the minute nerves, shown by KOLLIKER and others to permeate the cancellous and compact structures in company with vessels, are pressed by these vessels when enlarged against the unyielding walls of the channels through which they pass. Although the nerves of bones do not generally afford healthy individuals any conscious sensations; yet, in diseases of the joints, the bones, when congested, or the seat of inflammation, become painful. Tissues, not supplied with rigid canals like bone, yield to pressure during any temporary increase in the size of the minute vessels. In such tissues, vascular distension from a diminution of the pressure of the air is unaccompanied by pain, because the nerves accompanying the vessels are uninterfered with. Low barometric pressure and an excess of humidity of the air offer conditions most unfavorable for the removal of heat by evaporation and radiation from a congested or an inflamed joint. Teeth, which have a nutrient system very similar to that possessed by bone, become painful when the pressure of the air is suddenly lessened for the same reason. The nerves of the tooth being in a morbid condition from caries, are

temporarily irritated by the capillary enlargement."

On Diphtheria.

Dr. EDWIN M. SNOW, City Registrar, of Providence, R. I., says, in his last monthly report:

The number of deaths from diphtheria, though not large, was larger than the average from this disease. There seems to be of late a tendency to diphtheria in this State, and more especially in the country portions of the State. Diphtheria is undoubtedly contagious by the contact of the diseased sections with the mucous membrane of well persons. Thus, cases have been known in which the sick person, in coughing, has thrown slight portions of the secretions from the throat into the mouth of another person, and apparently produced the disease.

But in most cases diphtheria is not, probably, contagious, but spreads through a community from endemic, or epidemic, causes. Very little is known in regard to the precise nature of these causes; but there seems to be no doubt of their existence, and no other reasonable way of accounting for the spread of the disease.

Influence of Sex on Heart Disease.

From the researches of Dr. QUAIN it appears that enlargment of the heart, one of the most distressing and fatal diseases, is more than twice as frequent in males as in females, the precise proportion being 8 to 3. This remarkable liability of enlargements of men's hearts, as compared with those of women, is, he thinks, unquestionably due to the greater amount of work and anxiety which, under the present dispensation, falls upon men. Ladies may take this fact to heart, and reflect whether, in claiming the rights of women, they may not at the same time incur the risks of men, and with them a new and unexpected form of disability. They might do wisely to rest content for their sex, with hearts suffering, it may be, from those tender affections which often pain, but never kill.

Correspondence.

DOMESTIC.

The Question of Secret Medicines.

EDS. MED. AND SURG. REPORTER:

In a recent number of your journal there is an editorial note reflecting on the professional honor of Dr. A. S. TODD, an old and esteemed physician of this city, and reflecting also on the medical society with which he stands connected here, viz., the Medical Society of the City of Wheeling and County of Ohio. That society has instructed me to report to you the following recent action with the alleged irregular practice of Dr. TODD, with the request that you give it publication in an early number of the REPORTER:

Extract from the Minutes of a Special Meeting of the Medical Society of the City of Wheeling and County of Ohio, held February 23, 1872.

At a special meeting of the society, at which an unusually large number of the members were present, the Presi ent, Dr. W. J. BATES, stated that a report was in circulation to the effect that an effort would be made, at the next meeting of the State Society, to have Dr. A. S. TODD removed from membership therein, on the ground that he is the manufacturer or owner of a secret proprietory medicine. Dr. TODD, declaring himself to be anxious for a thorough investigation of the subject, had requested the calling of this meeting. He is now present and desires, if it be the pleasure of the society, to be heard.

Whereupon, on motion of Dr. R. H. CUMMINS, Dr. TODD was invited to make a statement of the case. Dr. TODD said in substance: That he began the manufacture of the pill, now known as "Todd's Anti-bilious Pill," more than half a century ago. At that time all physicians kept medicines and compounded their own prescriptions. He found these pills valuable for common use, and at length they became known and more called for out of the limits of his own practice. He therefore prepared them in quantity, and put them in boxes with printed directions as to their use. In the process of time the knowledge of them extended, and the demand of them became great. But the pill was never advertised by him, nor was its composition kept secret, but was always known to the medical men with whom he associated.

At the time he began the manufacture of this pill, no established code of ethics for the government of medical men existed in the United States, and he had never felt conscious that his conduct reflected discredit on the medical profession, nor had it ever been so intimated to him. He had assisted in the organization of every medical society in the county, and also of the State Society; and no one had ever disputed his right to professional recognition.

Besides, he had not manufactured the pill for three years, and for two years had been in no way connected either with its manufacture or sale.

If the society felt that its honor, or the honor of the profession at large, was compromised by continuing him a member, he would willingly withdraw, if allowed to do so. And although, in consequence of advancing age

and infirmity, he had for a number of years ceased to engage in the active duties of the profession, yet he dearly loved to meet with physicians both here and in the State Society; but he would not allow his presence here to jeopardize the recognition, by the American Medical Association, of either this or the State Society, or in any way interfere with their prosperity or usefulness.

On conclusion of Dr. TODD's address, remarks were made by a number of the members, all agreeing that no action was called for by the circumstances of the case; and the following resolution, offered by Dr. R. H. CUMMINS, was unanimously adopted:

Resolved, That Dr. TODD's explanation that he has not manufactured any proprietory medicine for three years, and that he has had no interest in any such medicine for two years; also that he never at any time advertised any medicine, nor kept secret from the profession the composition of the pill now known and advertised as "Dr. TODD's Anti-bilious Pill," be accepted as his justification, and that he retain his membership in this society.

S. L. JEPSON, M. D,
Secy. Med. Soc. City of Wheeling and Co. of Ohio.

Wheeling, W. Va., April 5, 1872.

[We are "free to say" that we do not consider the above explanation altogether satisfactory. Dr. TODD, if he had done nothing more, should have expressed his intention to withdraw his name from the advertising columns of the newspapers, and stated the formula of his pills. That the society required nothing of this kind from him does not speak well for its earnestness in the matter. —EDS. REPORTER.]

Extra Uterine Pregnancy.

EDS. MED. AND SURG. REPORTER:

I have been requested by some members of the profession in this vicinity to report for publication a case which came under my care a year ago. Mrs. S. Lloyd, æt. about 35, was afflicted about the 1st of March, 1871, with severe pain referred to the umbilicus, and the locality of the 4th and 5th lumbar vertebræ.

When called to her bedside, I found her suffering excruciating pain, and administered an anodyne. I gleaned the following from the friends present: That she was supposed to be in the sixth month of pregnancy that pain had almost been constant during the last month and was aggravated much by exercise, especially by movements upon the feet or in the upright position. Stethoscopic examination revealed the fact that she was possessed of a living fetus situated almost entirely in the right lumbar region. Palpation could not be employed with much advantage, in consequence of the tenderness of the parts, but the supposition at this time was that some uterine tumor or contained substance had distended its walls in this direction and produced the unnatural position of the fetus. A month passed, during which the patient was kept comparatively comfortable with anodynes, when the fetus was found to be dead by the absence of the heart's action. After another month the effect of ulceration could be observed beneath the integument and fascia and by moving the cyst containing the foreign substance, it was found to be adherent to the abdominal parietes.

On the 27th of May a probe was forced through in the linea alba at the umbilicus and a portion of the amniotic fluid and hair from the fetus obtained.

This completed the diagnosis, after which an incision four inches long in the linea alba from the umbilicus down was made, and the fetus removed. The placenta was detached from the external fundus of the uterus, carefully removed, and the incision closed by sutures.

The wound was dressed and cleansed with a ten-grain solution of carbolic acid, until healed, which was completed in six weeks. The fœtus was a perfectly formed female child of five pounds weight.

The patient is now in entire health and resides at this place. Dr. W. L. MCALLISTER was present and assisted in the operation.

H. R. PAGE, M. D.

New Sharon, Nahaska Co., Iowa, April 6, 1872.

Chloral Hydrate.

EDS. MED. AND SURG. REPORTER:

The following case may be of interest from the large amount of the drug used without intermission or visible injurious effect on the system:

On June 27th, 1871, I was called to see Mr. T——, æt. 62; lymphatic temperament; soft, flabby muscles, complxtion pale and anemic. He was irritable and nervous, his chief complaint being want of sleep, with violent headache and a buzzing sound in his ears.

Previous to my visit he had used opium and morphia largely, with nearly the whole list of narcotics, but failing to produce sleep they had greatly increased his headache and nervous symptoms until he fancied himself on the point of insanity, and that he must either sleep or die.

Under these circumstances I ordered the following treatment: Quinine and iron, with beef tea, milk-punch and nourishing diet during the day, and at night the following prescription:

℞. Chloral hydrate, ʒij.
Syrup tolu,
Aq. cinnamom aa. ʒij. M.
Sig.—A tablespoonful in a wineglassful of water every hour till he sleeps.

This had the desired effect, but he used the whole of the above prescription during the night. He soon left off the tonic treatment,

but kept on with the chloral, his regular quantity being three drachms every night, which he has used ever since. Up to the present time he has taken *seven pounds* of chloral hydrate.

It does not seem to have had any very injurious effects on the system. An eruption of a papular character appeared on the skin two or three weeks after he commenced taking the chloral, first showing itself on the extremities and gradually extending over the whole body; this was troublesome principally on account of the great itching it produced, and remains a source of annoyance.

He still continues to take the chloral and fancies he cannot live or sleep without it.

WM. C. TODD, M. D.

Roxborough, Pa., April 23, 1872.

Fatal Injury of Stomach and Lungs by a Fall.

EDS. MED. AND SURG. REPORTER:

Mary E. D., æt. 14 years; tall and well built, weighing 112 pounds; coming out of a school-house at night after religious services, stumbled and fell over a piece of wood that had evidently been put there purposely by some one.

She struck her stomach and lower part of the lungs, bursting the band of her dress and ripping it open for several inches. It hurt her severely at the time, and she was barely able to get home. For several days after she was able to walk about a little, but complained of pain in the stomach and lungs. This was followed with fever of a typhoid remittant form, accompanied with constant pain, and some dyspnœa; appetite poor; cough and night sweats. She was treated by Dr. W. A. KANDIE and myself. Dr. REEDER also saw her and prescribed for her.

This was two weeks after she had fell; in a week from the date of Dr. REEDER'S first visit my youngest child (a little girl) died; this very deeply affected her sister Mary. The treatment, although judicious, seemed to be of no benefit, her condition becoming worse.

My esteemed friend, Dr. D. C. PUSEY, of Brandenburg, Ky., was called to see her; he diagnosed pleuritic effusion, and gave it as his opinion that she could not recover. Her breathing was quite difficult, and growing worse every day. Five days from the doctor's visit she complained very suddenly of a sharp and severe pain in her stomach and upper part of her bowels. I gave her morphia, which afforded her some relief for a short time. A few hours after she told me that it seemed as if something was breaking loose from about her stomach and lungs, and going down into her bowels. The pain now almost ceased; vomiting, and cold, clammy sweat supervened, and continued until she died, December 8, 1871. I firmly believe that her death was caused by the blow she received in falling, and shall ever consider the person that put the obstruction in the doorway guilty of taking my daughter's life.

J. T. DAVIS, M. D.

West Point, Hardin co., Ky., April 6, 1872.

News and Miscellany.

American Medical Association.

The Twenty-third Annual Session will be held in Horticultural Hall, Broad street above Spruce, on Tuesday, May 7, 1872, at 11 A. M.

HOTEL ARRANGEMENTS.

Continental, Chestnut and 9th, $4 a day.
Girard, Chestnut and 9th, $3 a day.
La Pierre, Broad below Chestnut, $3 a day.
Calonnade, Chestnut and 15th, $3 a day.
St. Cloud, Arch below 8th, $3 a day.
St. Elmo, Arch above 3d, $2.50 a day.
American, Chestnut below 6th, $2.50 a day.
Merchants, 4th above Market, $2 50 a day.
St. Lawrence, Chestnut below 12th, $2 a day.
Alleghany, Market below 9th, $1.75 a dav.
St Charles, 3d below Arch, lodging only, 50 cents a day.
Miller's, 7th and Chestnut, lodging only, $1 50 a day.
Meals at restaurant of Horticultural Hall and Petry's, N. W. corner Broad and Walnut, each 50 cents.

BOARDING HOUSES.

318 South Broad, $2 a day; or $10 a week.
N. E. corner Broad and Spruce, $1.50 a day; or $10 a week
329 South Broad, $2 a day; or $10 a week.
1327 Spruce street, $2 a day; or $12 a week.
225 South Broad, $2.50 a day; or $12 a week.

RAILROADS.

Union Pacific, return free, if first-class tickets are bought, and an acknowledgment taken from the agent.
Cumberland Valley, excursion tickets.
Orange, Alexandria and Manassas, half fare for return.
Pittsburg, Cincinnati and St. Louis, excursion tickets.
Pittsburg, Ft. Wayne and Chicago, excursion tickets.
Cleveland and Pittsburg, excursion tickets.
Central Railroad of Georgia, return free.
Richmond and Petersburg, return free.
Wilmington and Weldon, excursion tickets one fare.
Wilmington, Columbia and Augusta, excursion tickets one fare.
Kansas Pacific, one and one-fifth fare for excursion.
Atlanta and New Orleans Short Line (A. and W. Pt. Western, Mobile and M. N. O., M. and Texas Railroads), return free.
Western and Atlantic, excursion tickets one fare.

Western Alabama, excursion tickets one fare.

Evansville and Crawfordsville, excursion tickets.

Lehigh Valley, excursion tickets one fare.

Louisville and Nashville, excursion tickets.

Memphis and Louisville, excursion tickets.

North Pennsylvania, excursion tickets two-thirds fare.

Pennsylvania Central, excursion tickets.

Philadelphia and Erie, excursion tickets.

Philadelphia, Wilmington and Baltimore, excursion tickets.

Philadelphia and Reading, excursion tickets at two-thirds.

Baltimore and Ohio, excursion tickets.

Lake Shore and Michigan Southern, excursion tickets if forty are taken.

All those who desire to avail themselves of the above rates must send to the Secretary their full names, and the names of *all* the railroads over which they must travel in coming to the session, with stamp for postage.

SPECIAL.

Camden and Amboy, excursion tickets at $4 from New York to Philadelphia and return, if fifty tickets are taken. For this ticket send money to Dr. A. E. M. Purdy, 123 East Thirtieth street, New York.

From Montgomery, Ala., to Philadelphia and return (by Tennessee), $39.80. Apply through Dr. R. F. Michel, Montgomery, Ala.

From Washington and Philadelphia and return, $6, if 50 tickets are taken.

Central Pacific, half local rates.

This comprises all the roads that have thus far agreed to commute.

W. B. ATKINSON, M. D.,
1400 Pine Street,
Philadelphia.

April 8, 1872.

Medical Society of New Jersey.

The next annual meeting of the Medical Society of New Jersey will meet in the Court House at Patterson, on Tuesday, May 28th, at 7:30 o'clock, P. M.

WM. PIERSON, JR., Sec'y.

OBITUARY.

WILLIAM W. GERHARD, M. D.,

Who died in this city April 20th, 1872, in his sixty-fourth year, was born in Philadelphia, 1809. For fifty-two years he was one of its most distinguished practitioners and clinical teachers in the University of Pennsylvania. After graduation, he entered the Pennsylvania Hospital as resident physician' where he spent three years in practical study. He visited Europe, spending several years in Paris under the private instruction of the celebrated auscultator, Dr. LEWIS, who subsequently stated that Dr. GERHARD was one of his most accomplished pupils in physical diagnosis. After his return he was appointed lecturer in the Medical Institute, one of the visiting physicians to the Blockley Hospital, and assistant clinical lecturer to the late Prof. JACKSON, and subsequently one of the physicians to the Pennsylvania Hospital, where he lectured to a large class of students, and for twenty-five successive years was the senior physician to that venerable institution. He was a most able diagnostician, and was most remarkable for accuracy, rarely ever making a mistake, however obscure the disease. He soon became known all over the United States, and patients flocked to him from every part of the Union, paying him large fees for his advice. He was the author of numerous valuable papers in the *American Journal of the Medical Sciences* and *Medical Examiner*, of which latter journal he was editor, but his principal work was the Diagnosis, Pathology and Treatment of Diseases of the Chest.

In 1835 he published it as a short treatise on the *Diagnosis of Thoracic Diseases*, embodying what was most important in reference to the physical and general signs. At the request of many of his pupils he added general symptoms and treatment with additional lectures, published in March, 1846. It was again issued, being a fourth edition, in 1860, revised and enlarged (published by J. B. Lippincott & Co., of this city). He also edited *Grave's System of Clinical Medicine*, with notes and additions. In 1841 he conducted the medical clinic of the university in the Medical Institute, which, in 1843, was transferred to the university building; he continued to hold his appointment until 1859. During this period Dr. GERHARD's fame as a lecturer and teacher caused him to be invited to occupy the chair of Practice of Medicine in the Jefferson Medical College, on the re-organization of the faculty by Prof. DUNGLISON and others, which he unfortunately declined by the advice of his friends of the university.

Besides the appointments which we have enumerated, Dr. GERHARD was consulting physician to the Philadelphia Dispensary, Fellow of the College of Physicians, and member of the American Philosophical Society; also honorary member of the principal medical societies of this country and of Europe.

He was a warm and constant friend, an agreeable companion, a highly educated gentleman, a man of varied culture, and an honor to a noble profession. Having visited almost every portion of Europe, as well as his own country, his knowledge of the habits and peculiarities of the inhabitants of every locality was most remarkable, and frequently his patients would be surprised and delighted by his informing them what particular section of the country they came from, on their simply stating their case to him.

He leaves a wife and three children to mourn the loss of a dear husband and loving father. May he rest in peace, and may his example be followed by the younger members of the medical profession.

MARRIED.

CYPERT—NOSTRAND.—In New York, April 18, by Rev. N. Conklin, Dr. John R. Cypert and Ella Nostrand, of New York.

RIGGS—BATES.—At Malone, New York, April 17, by Rev. C. H. A. Bulkley, Rev. Herman C. Riggs, of Rutherford Park, N. J., and Miss Agnes E. Bates, daughter of S. P. Bates, M. D., of Malone, N. Y.

SNIVELY—STRICKLAND.—At the Church of Holy Communion, Brooklyn, April 16, by Rev. Wm. A. Snively, Rector of St. Peter's Church, Albany, Joseph C. Snively, M. D., and Mrs. I. Josephine Strickland, both of Brooklyn.

DIED.

CROWDER.—At Norristown, Tennessee, on March 19, 1872, Mrs. H. M. Crowder, wife of Dr. R. P. Crowder, aged thirty-two years.

DOLLEY.—Dr. Lester C. Dolley, of Rochester, N. Y., died April 6th, of spotted fever.

HELM.—At Muncie, Ind., April 8, Dr. John C. Helm, in his 60th year.

HUBBARD.—In Lansingburgh, April 8, 1872, Lucy A., only daughter of Sally M. and George H. Hubbard, in the 24th year of her age.

JAMES.—At Kokomo, Indiana, April 6th, Dr. J. A. James, aged 52 years.

MOORE.—In Wells Valley, Fulton county, Pa., on the 27th of March, Dr. James Moore, in the eighty-third year of his age.

PAWLING.—At Danville, Ky., April 4th, Dr. William Pawling, aged 72 years.

PRESTON.—In this city, on the evening of the 18th inst., Ann Preston, M. D., aged 58 years.

RILEY.—Dr. James Riley, a prominent resident of Secaucus, New Jersey, died two weeks ago of pneumonia.

STEELE.—At Oberlin, O., April 6th, Dr. Alexander Steele, aged about 70 years.

VARNEY.—At Savannah, Ga., on April 12, 1872, Royal W. Varney, M. D., of New York city.